

# RABIES EXPOSURE ASSESSMENT ALGORITHM

**Small rodents including squirrels, hamsters, mice, gerbils, chipmunks, rats and rabbit or hare**

Rabies post-exposure prophylaxis not usually recommended. If unusual circumstances exist, contact Division of Disease Control for guidance<sup>5</sup>.

Was there an exposure<sup>1</sup>?

**YES**

**NO**

Rabies post-exposure prophylaxis is not recommended. Exception for bats<sup>2</sup>.

Type of Animal

**Domestic dog, cat or ferret**

Has the animal been apprehended? May consider delay initiating post-exposure prophylaxis up to 10 days from exposure in order to capture animal unless unusual circumstances exist<sup>3</sup>.

**Options**

Post-exposure prophylaxis is usually not recommended at this time. **Quarantine** animal, whether vaccinated or not, for 10 days after exposure. Veterinary exam to be conducted at day one and day 10 to assess health status of animal. During quarantine, did animal show signs of rabies<sup>4</sup> or die within the 10 days?

**YES**  
**NO**

**Free ranging wild animal such as skunk, fox, coyote, raccoon, bat**

Has the animal been apprehended?

**NO**

**Other wild animal kept in a zoo, pet store, exhibit or under the control of a private individual**

Contact Division of Disease Control<sup>5</sup>.

**NO**

**Euthanize and submit for testing.** Post-exposure prophylaxis treatment may be delayed pending test results unless unusual circumstances exist<sup>3</sup>.

**Domestic animal such as cow, horse, sheep, pig, elk or bison**

Does animal exhibit signs of rabies<sup>4</sup> or die suddenly?

**YES**

Is animal available for testing?

**YES**

**NO**

Test animal for rabies<sup>6</sup>. Is test positive?

**YES**

**NO**

Administer vaccine and RIG according to ACIP recommendations. [MMWR](#)

Post-exposure prophylaxis is not indicated.

**NORTH DAKOTA  
DEPARTMENT OF HEALTH  
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## FOOTNOTES

1. Exposure: Defined as a bite that broke the skin, or saliva contact to an open cut, sore or wound or to mucous membrane (mouth, nose, eye).
2. Bats pose particular risks and rabies transmission has occurred in the absence of a recognized bite. Every effort should be made to capture and test the bat involved in any exposure incident. If the patient can provide adequate history that no direct exposure occurred, then no treatment is necessary. If the patient is an unobserved child, a person who was asleep, intoxicated or mentally challenged, then post-exposure prophylaxis may be indicated, especially if the status of the bat cannot be ascertained through lab testing.
3. If the animal exhibited any signs or symptoms of rabies or illness (see footnote 4), if the attack was vicious or unprovoked or the bite(s) occurred in the head and neck region, consideration should be given to starting post-exposure prophylaxis immediately.
4. Symptoms of rabies may include any one or more of the following: excitability, vicious attacks, biting, agitation, restlessness, aggressiveness, lack of fear, excessive salivation, aversion to water, inability to swallow or drink, muscular dysfunction, coordination or gait irregularities, paralysis, convulsions, avoidance of contact with humans or other animals, lethargy, and loss of appetite.
5. The Division of Disease Control may be contacted at 1.800.472.2180 (statewide) or 701.328.2378.
6. The Division of Microbiology may be contacted at 701.6272 for assistance.